

**URGENT: Respond by June 30, 2004**

**INTENT TO CONTINUE EQUIPMENT SERVICES FOR FY 05**

If you are not the authorized person to sign this, **please forward to the proper personnel** to ensure that your copiers are renewed for FY 05, or if there are any questions, please contact DAPS at (703) 607-5209. If this enclosure has already been signed and returned to DAPS, please disregard this notice.

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CURRENT ACCT # \_\_\_\_\_ FY 05 ACCT # (same as current Acct #)

In order to ensure renewal of copier service for FY 05, please sign and fax or return this entire enclosure **NO LATER THAN JUNE 30, 2004** to:

DOCUMENT AUTOMATION & PRODUCTION SERVICE  
1401 S. Fern St.  
Arlington, VA 22202-2889

FAX: (703) 607-5202  
PHONE: (703) 607-5209  
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**(check one)**

\_\_\_\_\_ **YES, WE WILL CONTINUE** our copier services for FY 05. All copiers currently on this account and any copiers added to this account throughout FY04 **WILL BE RENEWED for FY 05.**

\_\_\_\_\_ **FUNDING NOW.** We are submitting a funding document (DD 282, DD 843, MIPR, purchase order, Credit Card Authorization Form) **NOW** for FY05. *We are also referencing the appropriate Acct #.*

\_\_\_\_\_ **FUNDING BY 1 OCTOBER 2004.** We **WILL** submit a funding document (DD 282, DD 843, MIPR, purchase order, Credit Card Authorization Form) **BY 1 OCTOBER 2004** for FY05. We will also reference the appropriate Acct #. **We understand that failure to submit copier funding by this date will result in suspension of equipment service and equipment is subject to removal and associated cancellation charges.**

\_\_\_\_\_ **NO, WE WILL CANCEL** all equipment services as of 30 September 2004. **We are aware that cancellation charges may apply and that we will be responsible for these charges.** (Note: Cancellation due to disestablishment requires a letter from the command in order to waive cancel fees.)

Reason: \_\_\_\_\_

\_\_\_\_\_ **Other** (Explain -- examples: when there will be a change in funding for equipment, equipment will be transferring to another account or organization, equipment will be cancelled due to reorganization, your organization name will be changing or disestablishing, etc.):

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please correct the information below as necessary:**

Activity/Organization Name/Address:

Point of Contact:

Phone Number:

Fax Number:

Email: